

FROM: ERIC T. CLARK, EXECUTIVE DIRECTOR

RE: CONTINUING EDUCATION CERTIFICATE

The form below is a suggested format of information you should provide to attendees of your approved course. It is your responsibility as a provider of continuing education to certify their attendance at this course. You do not have to use this form but it may help you meet your responsibility in this matter.

**CONTINUING EDUCATION CERTIFICATE
KENTUCKY BOARD OF DENTISTRY**

ATTENDEES NAME: _____

COURSE TITLE: _____

DATE: _____ **TIME:** _____

NUMBER OF C.E. HOURS GRANTED

SCIENTIFIC: _____ **CATEGORY:** _____

BUSINESS: _____ **CATEGORY:** _____

PROVIDER: _____

KY BOARD OF DENTISTRY APPROVAL NUMBER: _____

SIGNATURE OF PROVIDER: _____

DATE: _____